## PATENT APPLICATION FEE DETERMINATION RECORD

Effective December 8, 2004

Application or Docket Number 10/598978

| CLAIMS AS FILED - PART I  (Column 1) (Column 2)                |  |   |  |   |                                       | SMALL ENT           | SMALL ENTITY TYPE      |    | OTHER THAN<br>OR SMALL ENTITY |                        |
|--|--|---|--|---|---------------------------------------|---------------------|------------------------|----|-------------------------------|------------------------|
| U.S.   | NATIONAL S                                     | TAGE FEES                                 | (0.000000000000000000000000000000000000                              |   |                                       | RATE                | FEE                    |    | RATE                          | FEE                    |
| BASIC FEE  |  |   | SMALL ENT. = \$ 150  |   | GE ENT. = \$ 300                      | BASIC FEE           | 150                    | OR | BASIC FEE                     | -                      |
| EXAMINATION FEE  |  |   | Satisfies PCT Article 33(1)-<br>(4) = \$50 / \$ 100                  |   | ther situations =<br>\$ 100 / \$ 200  | EXAM. FEE           | 100                    |    | EXAM. FEE                     |                        |
| SEARCH FEE   |  |   | U.S. is ISA = \$50 / \$100<br>ALL other countries =<br>\$200 / \$400 |   | other situations =<br>\$ 250 / \$ 500 | SEARCH FEE          | 200                    |    | SEARCH FEE                    |                        |
| FEE FOR EXTRA SPEC. PGS.                                       |  |   | 43 minu  | s 100 =                                     | / 50 =                                | X \$ 125 =          |                        |    | X \$ 250 =                    |                        |
| TOTAL CHARGEABLE CLAIMS  |  |   | 5 minus 20 = * —   |   |                                       | X \$ 25 =           |                        | OR | X \$ 50 =                     |                        |
| INDEPENDENT CLAIMS   |  |   | / minus 3 = * -  |   |                                       | X \$ 100 =          |                        | OR | X \$ 200 =                    |                        |
| MUL  | TIPLE DEPEND                                   | DENT CLAIM PRE                            | SENT   | •   |                                       | + \$ 180 =          |                        | OR | + \$ 360 =                    |                        |
| * If the difference in column 1 is less than zero, enter "0" i |  |   |  |   | olumn 2                               | TOTAL               | 450                    | OR | TOTAL                         |                        |
| CLAIMS AS AMENDED - PART II  (Column 1) (Column 2) (Column 3)  |  |   |  |   |                                       | SMALL ENTITY        |                        | OR | OTHER THAN<br>SMALL ENTITY    |                        |
| AMENDMENT A  |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |  | HIGHEST<br>NUMBER<br>PREVIOUSLY<br>PAID FOR | PRESENT<br>EXTRA                      | RATE                | ADDI-<br>TIONAL<br>FEE |    | RATE                          | ADDI-<br>TIONAL<br>FEE |
|  | Total  | *   | Minus  | **  | =                                     | X \$ 25 =           |                        | OR | X \$ 50 =                     |                        |
|  | Independent                                    | *   | Minus  | ***   | =                                     | X \$ 100 =          |                        | OR | X \$ 200 =                    |                        |
|  | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |   |  |   |                                       | + \$ 180 =          |                        | OR | + \$ 360 =                    |                        |
|  | •  |   |  |   |                                       | TOTAL ADDIT.<br>FEE |                        | OR | TOTAL ADDIT.<br>FEE           |                        |
| (Column 1) (Column 2) (Column 3)                               |  |   |  |   |                                       |                     |                        |    |                               |                        |
| AMENDMENT B  |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |  | HIGHEST<br>NUMBER<br>PREVIOUSLY<br>PAID FOR | PRESENT<br>EXTRA                      | RATE                | ADDI-<br>TIONAL<br>FEE |    | RATE                          | ADDI-<br>TIONAL<br>FEE |
|  | Total  | *   | Minus  | **  | =                                     | X \$ 25 =           |                        | OR | X \$ 50 =                     |                        |
|  | Independent                                    | *   | Minus  | ***   | =                                     | X \$ 100 =          |                        | OR | X \$ 200 =                    |                        |
| •  | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |   |  |   |                                       | + \$ 180 =          |                        | OR | + \$ 360 =                    |                        |
|  |  |   |  |   |                                       | TOTAL ADDIT.<br>FEE |                        | OR | TOTAL ADDIT.<br>FEE           |                        |
| *  | If the onto, in solu                           | ump 1 is loss than th                     | o onto i in column   | 2 write "0" in column                       | ma 3                                  |                     |                        |    |                               |                        |

\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than '20', enter "20".

\*\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than '3', enter "3".

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

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